

FILED JUN 8 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18164

State File No.

Registration District No. 14

Primary Registration District No. 3025

Registrar's No. 44

1. PLACE OF DEATH:

(a) County Howell
(b) City or town West Plains, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: N. Washington Ave 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 20 yrs.
(Specify whether years, months or days)

3. (a) PRIMARY FULL NAME Robert Henry Bentley3. (b) If veteran, ☒ name war ✓ 3. (c) Social Security No. ✓

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Rebecca Bentley 6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased Apr 22 1875
(Month) (Day) (Year)

8. AGE: Years 68 Months 11 Days 17 If less than one day min.

9. Birthplace Illinois
(City, town, or county) (State or foreign country)10. Usual occupation Retired Carpenter11. Industry or business ✓12. Name Mr R Bentley13. Birthplace Illinois
(City, town, or county) (State or foreign country)14. Maiden name Went15. Birthplace Illinois
(City, town, or county) (State or foreign country)16. (a) Informant Robert Bentley(b) Address West Plains, Mo17. (a) 12 (b) Date thereof 4-11-44
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation West Plains18. (a) Signature of funeral director Robert Bentley(b) Address West Plains, Mo19. (a) 1125 (b) Robert Bentley
(Not received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Howell
(c) City or town West Plains 40
(If outside city or town limits, write "RURAL")
(d) Street No. N. Washington - 1
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 9
year 44 hour 4 minute 15 P.M.

21. I hereby certify that I attended the deceased from Oct 18 1943 to Apr 15 1944
that I last saw him alive on Apr 15 1944,
and that death occurred on the date and hour stated above.
Immediate cause of death Respiratory Failure Duration

Due to Lesions of the Brain and Spinal Cord
Due to

Other conditions.
(Include pregnancy within 3 months of death)

Major findings:
Of operations 872
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....
(b) Date of occurrence.....
(c) Where did injury occur?.....
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (c) Means of injury

23. Signature R. A. Sparks (M. D. or other)
Address West Plains, Mo Date signed 5/12-44
R. Sparks

RECEIVED

District Health Officer No. 5.

District File Number. 644344

Date Filed 6-7-44

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.
working under my personal supervision.

Signed.....

L. J. Roberts

Licensed Embalmer No. 3437

P. O. Address.....

West Haven

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.